

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Complete if Known	
				Application Number	10/530,972
				Filing Date	12-05-2005
				First Named Inventor	Shawn DEFREES
				Group Art Unit	1654
				Examiner Name	HEARD, Thomas S.
Sheet	1	of	3	Attorney Docket Number	101961-01-5083-US01

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Exr Initials	U.S. Patent Document		Name of Inventor or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY
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Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

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Receipt date: 05/13/2009

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10530972 - GAU: 1654

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Examiner Signature	/Thomas Heard/	Date Considered	12/04/2009
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